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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature ☐ Agent X ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Cynthia I. Arzate 12225 Diana Natalicio Drive El Paso, Texas 79936	
	3. Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 -	1680-001-3202-6035
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540

CERTIFIED (Domestic Mail O	MAIL _{TM} REC nly; No Insurance C tion visit our website	overage Provided) at www.usps.com
Postage	s ***	3-12-09
Certified Fee		#93
Return Receipt Fee (Endorsement Required)		Postmark Here
Total Cynthia 12225	Diana Natalicio	
	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Cynthia 12225 I Street, or POL City, St.	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Cynthia I. Arzate 12225 Diana Natalicio

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